US Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U /0566	2 Fiscal Year Covered From	
	01 / 01 / 2004 Through 12 / 31 / 2004	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name CHAD E SMITH PO Box Bldg Room No If any PO Box 59471 Street	Name Painters & Allied Trades District Council #5 Labor Organization File Number 037-950 PO Box Building and Room Number if any Street 2800 First Ave #324	
City Renton State Washington ZIP Code + 4 98058	City Seattle State Washington ZIP Code + 4 98121	
5 Position in labor organization BUSINESS REPRESENTATIVE		

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent				
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income			
Name				
Trade Name If any				
PO Box Bldg Room No~if any				
	7 b Amount			
Street				
City				
State ZIP Code + 4	0 00			

Signature

15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions.)					
Signed	Ohad Smiths	On 8/15/2005	206-794-5689		
		Date	Telephone Number		

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name if any) 9 Business deals with Name Glaziers & Glassworkers Trust Fund a Labor Organization Trade Name if any XX b Trust PO Box Bldg Room No famy PO Box 35203 c Employer Street 2815 Second Ave , Suite 300 City Seattle Washington 98124 State ZIP Code + 4 11 a Nature of such dealing 10 If 9 b or 9 c is checked give trust or employer's name Name Western Glaziers Retirement Trust Retirement Trust Dinner Trade Name If any PO Box 34203 PO Box Bldg Room No If any Street 2815 Second Ave , Suite 300 11 b Approximate dollar value of such dealing Seattle City 12 a Nature of interest held or income received ZIP Code + 4 State 98124 Washington Retirement Trust Dinner \$109 29 12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)		14 a Nature of payment		
Name				
Trade Name if any				
PO Box Bidg Room No If any				
Street				
Crty				
State	ZIP Code + 4			
13 b Is the Business an Employer	or Consultant	7	14 b Amount of payment. 0 00	